

WERC AD HOC GRIEVANCE ARBITRATOR'S REPORT AND FEE STATEMENT

Arbitrator: \_\_\_\_\_ A/P \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name) (Address)

Union: \_\_\_\_\_  
(Name) (Address)

Date Notified of Selection: \_\_\_\_\_ Single Arbitrator ☐ Panel ☐

Date of Hearing: \_\_\_\_\_ City: \_\_\_\_\_

If Settled Prior to or During Hearing, So Indicate: Prior ☐ During ☐

Was Transcript Taken: YES ☐ Number of Pages \_\_\_\_\_  
NO ☐

Were Briefs Filed: YES ☐ NO ☐ If Yes, Date Last Brief Rec'd \_\_\_\_\_

Was there any waiver by Parties  
on the date the award was due? Yes ☐ No ☐ No Contractual Requirement ☐

Date of Award: \_\_\_\_\_

Fees:

No. of Days: \_\_\_\_\_ + \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
Hearing Travel Per Diem Rate Total

Preparation  
of Award: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
Days Per Diem Rate Total

Expenses: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Transportation Other Total

\_\_\_\_\_  
Total Charges

Amount Payable by Employer \_\_\_\_\_

Amount Payable by Union \_\_\_\_\_

Date of this Report: \_\_\_\_\_

OPTIONAL INFORMATION

Signature: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(For IRS Reporting Requirements)

PLEASE ATTACH COPY OF AWARD, IF ANY, TO THIS REPORT, AND MAIL TO WISCONSIN EMPLOYMENT  
RELATIONS COMMISSION, P.O. BOX 7870, MADISON, WISCONSIN 53707-7870

YOU SHOULD BE AWARE THAT YOUR AWARD BECOMES A MATTER OF PUBLIC RECORD UPON RECEIPT  
BY THE COMMISSION